

COUNTY AGRICULTURAL COMMISSIONER STRUCTURAL REGISTRATION

NGANHA "HA" DANG
AGRICULTURAL COMMISSIONER
SEALER OF WEIGHTS AND
MEASURES



COUNTY OF SAN DIEGO
DEPARTMENT OF AGRICULTURE, WEIGHTS AND MEASURES
9325 Hazard Way, Suite 100, San Diego, CA 92123-1217
WWW.SDCAWM.ORG



PESTICIDE REGULATION
PROGRAM
(858) 694-8980
FAX (858) 467-9277

BRANCH 1 FUMIGATION 2014

THIS FORM MUST BE ACCOMPANIED BY A \$10.00 FEE

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Please submit BOTH pages with appropriate
NOTIFICATION FEES and signature

☐ Check here if contact information has changed.
Please indicate changes on reverse side.

COMPANY NAME			STRUCTURAL REGISTRATION NO <table border="1"><tr><td></td><td>R</td><td></td><td></td><td></td><td></td></tr></table> Must start with "PR" or "BR" only			R				
	R									
MAILING ADDRESS			BUSINESS TELEPHONE NUMBER							
CITY	STATE	ZIP CODE	FAX NUMBER							
STRUCTURAL COMPANY'S E-MAIL ADDRESS		E-MAIL ADDRESS FOR INSPECTIONS (If Different)								
HEADQUARTER ADDRESS (If Different)										
CITY			STATE	ZIP CODE						

THIS NOTIFICATION WILL BE INVALID IF IT IS NOT
ACCOMPANIED BY THE REQUIRED FEE

San Diego County Code of Administrative Ordinances

AMOUNT ENCLOSED \$ _____

Make check payable to: County of San Diego

Branch 1 ☒ In case of emergency, our 24 hour EMERGENCY NUMBER is: _____

OPERATOR NAME	BRANCH 1 OPERATOR NO <table border="1"><tr><td>O</td><td>P</td><td>R</td><td></td><td></td><td></td><td></td></tr></table>	O	P	R					EXPIRATION DATE
O	P	R							

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)

QM NAME	QM LICENSE NO <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								EXPIRATION DATE
BS NAME	BS LICENSE NO <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								EXPIRATION DATE

How would you like this form returned to you?

☐ Mail ☐ E-mail ☐ Fax

SIGNATURE _____ DATE _____

TITLE _____

CAP REFERENCE NUMBER: _____

FOR OFFICE USE ONLY

Section 364.3 Notice of Intent to Perform
Structural Pest Control Work

AWM STAFF INITIALS _____ STRUCTURAL NOTIFICATION
DATE _____

DATE PRINTED: 11/8/2013

LIST OF STRUCTURAL PEST CONTROL OPERATORS / FIELD REPRESENTATIVES

COMPANY NAME

Date

INSTRUCTIONS: Use 1 sheet / location to record Operators and Field Representatives working in this county.
Indicate the location from page 2; eg- 1 / 2 / 3

	Last Name	First Name	Office Number Page 2	License Number	Expiration Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

COUNTY OF SAN DIEGO

DEPARTMENT OF AGRICULTURE, WEIGHTS AND MEASURES

9325 Hazard Way, Suite 3101

San Diego, CA 92123

**COUNTY AGRICULTURAL COMMISSIONER
STRUCTURAL REGISTRATION****2014**

STRUCTURAL REGISTRATION NO

R					
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Must be filled out if
listing Branches

BRANCH OFFICES -List all BRANCH Offices performing work in San Diego Co.PERFORMING WORK IN: Branch 1 ☒**1**

MAILING ADDRESS	BRANCH REGISTRATION NO B R	BUSINESS TELEPHONE NUMBER
CITY	STATE ZIP CODE	FAX NUMBER

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)

QM NAME	QM LICENSE NO	EXPIRATION DATE
BS NAME	BS LICENSE NO	EXPIRATION DATE

PERFORMING WORK IN: Branch 1 ☒**2**

MAILING ADDRESS	BRANCH REGISTRATION NO B R	BUSINESS TELEPHONE NUMBER
CITY	STATE ZIP CODE	FAX NUMBER

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)

QM NAME	QM LICENSE NO	EXPIRATION DATE
BS NAME	BS LICENSE NO	EXPIRATION DATE

PERFORMING WORK IN: Branch 1 ☒**3**

MAILING ADDRESS	BRANCH REGISTRATION NO B R	BUSINESS TELEPHONE NUMBER
CITY	STATE ZIP CODE	FAX NUMBER

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)

QM NAME	QM LICENSE NO	EXPIRATION DATE
BS NAME	BS LICENSE NO	EXPIRATION DATE

WHERE DO YOU PURCHASE YOUR PESTICIDES?

Other counties you perform work in

ORANGE ☐ SAN BERNARDINO ☐ IMPERIAL ☐ RIVERSIDE ☐ LOS ANGELES ☐ VENTURA ☐ OTHER _____Do you apply Rodenticides? ☐ YES ☐ NODo you perform gopher control? ☐ YES ☐ NO

Is your company licensed as an Agricultural Pest Control Business also?

☐ YES ☐ NO

BUSINESS LICENSE NUMBER

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I certify that the location information above is TRUE and CORRECT

SIGNATURE

TITLE

DATE

*Please Submit BOTH pages with appropriate NOTIFICATION FEES and signature